

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		NO.	O.F.	NO.	O.F.
NO.	O.F.	NO.	O.F.	NO.	O.F.				
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TOTAL NO.	3								
TOTAL O.F.	1								
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